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STATE OF CALIFORNIA - DEPARTMENT OF FINANCE

ECONOMIC AND FISCAL IMPACT STATEMENT (REGULATIONS AND ORDERS)

STD. 399 (REV. 12/2013)

ECONOMIC IMPACT STATEMENT

DEPARTMENT NAME	CONTACT PERSON		email address cnealon@cde.ca.gov	TELEPHONE NUMBER 916-319-0295			
Education Carolyn Nealon		cneaion@cde.ca.gov					
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400	NOTICE FILE NUMBER						
Local Control Funding Formula (LCFF): K-3	Grade Span Adjustment -	Emergency Reg	5 (2/20/14)	Z			
A. ESTIMATED PRIVATE SECTOR COST IMPA	CTS Include calculations and	assumptions in the	rulemaking record.				
Check the appropriate box(es) below to indicate	e whether this regulation:						
a. Impacts business and/or employees		orting requirement	S				
b. Impacts small businesses							
c. Impacts jobs or occupations							
d. Impacts California competitiveness	Names and	above (Explain belo	ow):				
d. Impacts comotine compensation			pose any additional cost	s to the private sector.			
If any hav in Itams 1	a through g is checked, con						
	is checked, complete the Fi						
zy oou w rom rom	,		. **				
2. The	estimates that the ec	onomic impact of t	his regulation (which include	s the fiscal impact) is:			
(Agency/Department)	AMERICA (TO THE TOTAL AND ADDRESS)		3	•			
Below \$10 million							
Between \$10 and \$25 million							
Between \$25 and \$50 million							
Over \$50 million [If the economic impact	is over \$50 million, agencies are r	equired to submit a	Standardized Regulatory Impo	act Assessment			
as specified in Governme	ent Code Section 11346.3(c)]						
3. Enter the total number of businesses impacted	Name and a second secon						
Describe the types of businesses (Include non)	orofits):						
Enter the number or percentage of total							
businesses impacted that are small businesses	And the state of t						
A. Enable the number of businesses that will be created	nated:	eliminated:					
4. Enter the number of businesses that will be cre	cateu.	Cirini latea.					
Explain:							
5. Indicate the geographic extent of impacts:	Statewide						
r	Local or regional (List areas):						
6. Enter the number of jobs created:	and eliminated:						
Describe the types of jobs or occupations imp	acted:						
		-					
7. Will the regulation affect the ability of Californiother states by making it more costly to produ	ia businesses to compete with	T YES	¬ NO				
Other states by making it more costly to produ	ice goods of services here.		J				
If YES, explain briefly:							

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ECONOMIC IMPACT STATEMENT (CONTINUED)

3.	ESTIMATED COSTS Include calculations and assumptions in	the rulemaking record.	
1.	What are the total statewide dollar costs that businesses and ind	ividuals may incur to comply with this regu	ulation over its lifetime? \$
	a. Initial costs for a small business: \$	Annual ongoing costs: \$	Years:
	b. Initial costs for a typical business: \$	Annual ongoing costs: \$	Years:
		Annual ongoing costs: \$	
	d. Describe other economic costs that may occur:		
2.	If multiple industries are impacted, enter the share of total costs	for each industry:	
3.	If the regulation imposes reporting requirements, enter the annu- Include the dollar costs to do programming, record keeping, reporting	ual costs a typical business may incur to coing, and other paperwork, whether or not the	mply with these requirements. paperwork must be submitted. \$
4.	Will this regulation directly impact housing costs? YES	NO	
		the annual dollar cost per housing unit: \$	
		Number of units:	
5.	Are there comparable Federal regulations?	NO	
	Explain the need for State regulation given the existence or abse	ence of Federal regulations:	
	Enter any additional costs to businesses and/or individuals that r	may be due to State - Federal differences: \$	\$
	ESTIMATED BENEFITS Estimation of the dollar value of bene		
	. Briefly summarize the benefits of the regulation, which may incl health and welfare of California residents, worker safety and the	ude among others, the	
2.	Are the benefits the result of: specific statutory requiremen	nts, or goals developed by the agency	based on broad statutory authority?
	Explain:		
3	. What are the total statewide benefits from this regulation over i	its lifetime? \$	
	. Briefly describe any expansion of businesses currently doing bu	usiness within the State of California that we	ould result from this regulation:
4	. Briefly describe any expansion of businesses currently doing bu	isiness within the state of earliering that we	
		and the same of th	
-			
D	ALTERNATIVES TO THE REGULATION Include calculation specifically required by rulemaking law, but encouraged.	s and assumptions in the rulemaking recor	rd. Estimation of the dollar value of benefits is not
1	. List alternatives considered and describe them below. If no alte	rnatives were considered, explain why not:	:

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ECONOMIC IMPACT STATEMENT (CONTINUED)

2. Summarize the	e total statewide costs an	nd benefits from this regulation and each alternative considered:
Regulation:	Benefit: \$	Cost: \$
Alternative 1:	Benefit: \$	Cost: \$
Alternative 2:		Cost: \$
3. Briefly discuss a of estimated o	any quantification issues	that are relevant to a comparison ais regulation or alternatives:
regulation ma	ndates the use of specif	consider performance standards as an alternative, if a fic technologies or equipment, or prescribes specific ance standards considered to lower compliance costs? YES NO
MAIOD DECI	II ATIONS Include a de	
. MAJOR REGU		ulations and assumptions in the rulemaking record.
		nmental Protection Agency (Cal/EPA) boards, offices and departments are required to following (per Health and Safety Code section 57005). Otherwise, skip to E4.
. Will the estima	ted costs of this regulation	on to California business enterprises exceed \$10 million? YES NO
		If YES, complete E2. and E3 If NO, skip to E4
. Briefly describe	e each alternative, or com	nbination of alternatives, for which a cost-effectiveness analysis was performed:
Alternative 1:		
Alternative 2:		
(Attach addition	nal pages for other alterno	atives)
For the regulat	sion and and alaman	
Regulation:		e just described, enter the estimated total cost and overall cost-effectiveness ratio:
	Total Cost \$	Cost-effectiveness ratio: \$ Cost-effectiveness ratio: \$
Alternative 2:		Cost-effectiveness ratio: \$
. Will the regulati exceeding \$50	ion subject to OAL reviev million in any 12-month	w have an estimated economic impact to business enterprises and individuals located in or doing business in Californi period between the date the major regulation is estimated to be filed with the Secretary of State through 12 months to be fully implemented?
YES	NO NO	
		<u>Standardized Regulatory Impact Assessment (SRIA)</u> as specified in d to include the SRIA in the Initial Statement of Reasons.
Briefly describe	the following:	
The increase or	r decrease of investment	in the State:
The incentive for	or innovation in product	cs, materials or processes:
The benefits of residents, work	the regulations, includir	ng, but not limited to, benefits to the health, safety, and welfare of California environment and quality of life, among any other benefits identified by the agency:

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FISCAL IMPACT STATEMENT

Additional expenditures in the current State Fiscal Yea (Pursuant to Section 6 of Article XIII B of the California)			
\$			
a. Funding provided in			
Budget Act of	or Chapter	, Statutes of	
b. Funding will be requested in the Governor's Budg	get Act of		
F	Fiscal Year:		
2. Additional expenditures in the current State Fiscal Yea (Pursuant to Section 6 of Article XIII B of the California			
\$Check reason(s) this regulation is not reimbursable and pro	vido the appropriate in	formation	
a. Implements the Federal mandate contained in	ovide trie appropriate in	normation:	
b. Implements the court mandate set forth by the			
			Court.
Case of:			
c. Implements a mandate of the people of this State	e expressed in their ap	proval of Proposition No.	
Date of Election:			
d. Issued only in response to a specific request from	affected local entity(s	s).	
Local entity(s) affected:			
·			
e. Will be fully financed from the fees, revenue, etc.	from:		
Authorized by Section:	of	the	Code;
f. Provides for savings to each affected unit of local	government which w	rill, at a minimum, offset any ac	ditional costs to each;
g. Creates, eliminates, or changes the penalty for a	new crime or infractio	n contained in	
3. Annual Savings. (approximate)		:	
\$			
Solution 4. No additional costs or savings. This regulation makes or	nly technical, non-subs	tantive or clarifying changes to	current law regulations.
5. No fiscal impact exists. This regulation does not affect a			
	, , , , , , , , , , , , , , , , , , , ,		
\times 6. Other. Explain			atute and therefore would not impose a cost.

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FISCAL IMPACT STATEMENT (CONTINUED)

B. FISCAL EFFECT ON STATE GOVERNMENT Indicate appropriate boxes 1 through 4 and attach calculated year and two subsequent Fiscal Years.	lations and assumptions of fiscal impact for the current
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
It is anticipated that State agencies will:	
a. Absorb these additional costs within their existing budgets and resources.	
b. Increase the currently authorized budget level for theFiscal Year	
2. Savings in the current State Fiscal Year. (Approximate)	
\$	
3. No fiscal impact exists. This regulation does not affect any State agency or program.	
4. Other. Explain	
C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS Indicate appropriate boxes 1 throumpact for the current year and two subsequent Fiscal Years.	ugh 4 and attach calculations and assumptions of fiscal
1. Additional expenditures in the current State Fiscal Year. (Approximate)	
\$	
2. Savings in the current State Fiscal Year. (Approximate)	
2. Savings in the current state risear real. (Approximate)	
\$	
3. No fiscal impact exists. This regulation does not affect any federally funded State agency or program.	
4. Other. Explain	
FISCAL OFFICER/SIGNATURE	DATE
a landa Mella	3/6/14
The signature attests that the agency has completed the STD. 399 according to the instructions	
he impacts of the proposed rulemaking. State boards, offices, or departments not under an Aginghest ranking official in the organization.	ency Secretary must have the form signed by the
AGENCY SECRETARY	DATE
Dequie Orosesa	3/10/14
Finance approval and signature is required when SAM sections 6601-6616 require completion	of Fiscal Impact Statement in the STD. 399.
DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER	DATE